

Department of Public Health
and Human Services

Section:

ELIGIBILITY & BENEFIT
DETERMINATION

FOOD STAMP PROGRAM

Subject:

Deductions (Medical)

Supersedes: FS 602-3 (10/01/07)

References: 7 CFR 273.9(d)(1) through (6), 7 CFR 273.10(d)

GENERAL RULE -- Household members who are elderly or disabled are eligible for a medical deduction for their total medical expenses minus any amount payable by a third party, such as health insurance, exceeding \$35 per month per household.

NOTE: An elderly or disabled household member who is an ineligible alien or SSN disqualified coded 'DS' or is disqualified coded 'DQ' or 'DF' is not eligible to receive the medical expense deduction.

The OPA Case Manager enters the entire non-reimbursable amount of the medical expense. TEAMS totals medical expenses coded against all elderly or disabled household members and deducts the \$35 before determining the amount of the deduction for the household.

The medical deduction for an elderly individual begins the month of the individual's 60th birthday.

HOUSEHOLDS ELIGIBLE FOR THE DEDUCTION

Elderly - households with an elderly (age 60 or older) member. An individual is considered elderly the month of the individual's 60th birthday.

Disabled - households with a disabled member (FS 0-4).

Deceased - households with a legal obligation to pay medical expenses for deceased individuals who met the definition of elderly or disabled prior to dying and were members of the household *at the time of death or time they entered a medical facility prior to death in the facility*.

Recent Absence - households with a legal obligation to pay medical expenses for an elderly or a disabled individual who was a household member immediately prior to entering a hospital or nursing home.

Example: An elderly husband and wife were not receiving food stamp benefits. The husband was admitted to the hospital in September. The wife applies for food stamps in October. The husband's medical expenses are allowed because he is required to be a part of his wife's household.

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

**INDIVIDUALS
NOT ELIGIBLE
FOR DEDUCTION
APPLICATION/
RECERTIFICATION**

A spouse or other persons receiving benefits as a dependent of the SSI or SSDI recipient are not eligible for the medical expense deduction.

Households are required to report and verify the amount of medical expenses (including the amount of reimbursements) at application and recertification.

At recertification the household must verify previously unreported medical expenses and total recurring medical expenses that have changed by more than \$25. Verification of total medical expenses claimed by the household that are unchanged or have changed by \$25 or less is not required unless the information is incomplete, inaccurate, inconsistent, or outdated.

Actual expenses or other documentary verification must be provided before an expense is allowed. Verification of other factors such as allowable services provided or the eligibility of the person incurring the cost is only required if questionable.

The OPA Case Manager should reasonably attempt to verify information with a collateral contact when documentary evidence cannot be obtained or is insufficient to make a determination for the amount of the deduction. The OPA Case Manager must wait until an expense or verification of third party payment is provided if the obligated amount is still questionable.

The OPA Case Manager must document in case notes the medical expenses allowed for the deduction.

Example: A household has a recertification in May. The total recurring expenses have not changed, but the household reports a new expense of \$10 a month for a prescription. The OPA Case Manager requests verification of this new expense but cannot request verification of the recurring expenses that have not changed unless information about those expenses appear to be incomplete, inaccurate, inconsistent or outdated.

**CHANGES IN
MEDICAL
EXPENSES**

A household may report changes in medical expenses during its certification period. The OPA Case Manager is required to take an action on the change according to the household's reporting requirements within 10 calendar days (FS 1501-3 and 1501-4).

The household must be allowed 10 calendar days from the date of the TEAMS notice to provide verification of the reported change. The notice

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

must also inform the household if verification is not provided within 10 days of the request, the medical expense will not be allowed.

The OPA Case Manager must act on changes in medical expenses reported by a source other than the household if the changes are considered verified upon receipt and do not require verification from the household.

Change Reporting - cash option not paid for six months.

1. If Medicaid closes anytime during the certification/recertification period because the household did not pay cash option for six months, the cash option expense is removed because the expense is no longer being incurred, the information is verified upon receipt, and does not require verification from the household. The medical expense deduction is the medical expenses previously reported and verified.

Example: It is determined at certification (January) the household's Medicaid incurment is \$350. Verified medical expenses are: \$80 health insurance premium and \$290 monthly recurring expenses. The household anticipates paying \$270 cash option to meet the incurment. The medical deduction is \$80 health insurance premium and \$270 cash option.

The household does not pay the cash option for March. Medicaid closes the end of August because the cash option was not paid for the last six months.

The \$270 cash option expense continues to be allowed while it is being incurred. When Medicaid closes, the cash option expense is removed for September because the expense is no longer being incurred, the information is verified upon receipt, and does not require verification from the household. The medical expense deduction is the medical expenses previously reported and verified. If benefits decrease as a result of removing the cash option expense, the OPA Case Manager must send the household timely notice via TEAMS of decreased benefits.

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

Six Month Reporting - cash option not paid for six months.

1. If Medicaid closes in the middle of the six month report period because the household did not pay cash option for six months, the cash option expense is removed because the expense is no longer being incurred, the information is verified upon receipt, and does not require verification from the household.

Example: It is determined at certification (January) the household's Medicaid incurment is \$350. Verified medical expenses are: \$80 health insurance premium and \$290 monthly recurring expenses. The household anticipates paying \$270 cash option. The medical deduction is \$80 health insurance premium and \$270 cash option.

The household does not pay the cash option for March. Medicaid closes the end of August because the cash option was not paid for the last six months.

The \$270 cash option expense is allowed at the six month report period for July because the cash option payment is still being incurred; it does not matter if actually paid.

The cash option is removed for September because the expense is no longer being incurred, the information is verified upon receipt, and does not require verification from the household. The medical expense deduction is the medical expenses previously reported and verified. If benefits decrease due to removing the cash option expense, the OPA Case Manager must send the household timely notice via TEAMS of decreased benefits.

2. If Medicaid closes in month six of the six month report period because the household did not pay cash option for six months, the cash option expense is removed because the expense is no longer being incurred, the information is verified upon receipt, and does not require verification from the household. The medical expense deduction is the medical expenses previously reported and verified.

Medical expenses submitted to meet an incurment are treated as a reported change. The OPA Case Manager must evaluate the medical

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

expense each time new bills or co-payments are provided that were not previously averaged.

Example: A household submits a co-pay for a prescription. The OPA Case Manager must determine if the co-pay for the prescription is a co-pay for a recurring prescription that has already been averaged or if it is a co-pay for a new prescription.

If it is a new prescription, the OPA Case Manager must send the household a notice for information asking if the new prescription is anticipated to be an ongoing monthly expense or if it is a one-time expense.

If the household does not respond or if the household responds indicating it is anticipated to be a one-time prescription, the amount of the co-pay is allowed as a one-time expense.

If the household responds the new prescription is anticipated to be a monthly expense, the co-pay amount is added to the average monthly medical expense.

The OPA Case Manager must document in case notes specific information about the change in the medical expense reported such as name of prescription, amount of prescription or co-pay, date the change was reported, date prescription was filled even if the change reported does not change the benefit amount.

ALLOWABLE MEDICAL EXPENSE

A medical expense can only be allowed once as a medical deduction.

Example: The household has an installment agreement with a provider at the time of service for a \$1,200 medical expense. The agreement is the household pays the provider \$100 for 12 months. The \$100 monthly expense is allowed as a deduction for 12 months whether or not the balance is still due after 12 months.

Medical expenses are allowed when they become due. Past due expenses are not allowed. Medical expenses carried forward from past billing periods are not allowed even if they are included with the most recent billing and actually paid by the household. Once an expense becomes past due, it remains past due.

Section: ELIGIBILITY & BENEFIT DETERMINATION	Subject: Deductions (Medical)
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The OPA Case Manager can use the expense for the next regular issuance as long as the household reported the change within 30 days of being billed. If the expense was not reported within 30 days of billing, it is not allowed unless it meets one of the exceptions (e.g., installments, averaged over period of intended use, averaged over period until next recertification).

NOTE: An expense is considered 'past due' 30 days after the billing date. 'Past due' means the payment is overdue to the provider not overdue at the time of application or recertification. Medical expenses pending verification of third party reimbursement are not considered 'past due' until 30 days after the household's receipt of verification of their obligated portion after third party payment.

The following expenses are not considered 'past due':

1. One-time medical expenses averaged over the period until the next recertification (e.g., bill for gall bladder surgery);
2. Expenses paid on an installment plan; and,
3. Expenses averaged over the period of intended use (e.g., bill for quarterly health insurance).

Intent to pay is not considered when allowing a medical expense. If a household states it will not be paying a medical expense, it is used as a medical deduction. If the household states an intention for someone else to pay the medical expense, the expense is being reimbursed and is not allowed as a deduction.

Third party payments, such as health insurance payment to providers, are also known as reimbursements. Any medical expense covered by a third party cannot be allowed as a deduction. The non-reimbursable portion of the expense is allowed as a deduction at the time the amount of the reimbursement is received or can be verified. A deduction cannot be allowed until it is verified (e.g., a health insurance policy and a collateral contact confirm the exact obligated amount is the \$100 deductible) regardless of the time it takes for the reimbursement.

If a household has a deductible before the insurance pays any expenses, the household is allowed the deductible as an expense regardless of whether or not it has been paid or met. In addition, if it is verified the insurance company only pays a certain percentage of further expenses,

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

the OPA Case Manager anticipates expenses and allows the percentage the household is responsible for paying.

A household choosing the 'Medically Needy Cash Option' to meet its incurment is considered to have incurred and paid that amount of medical expenses. Fiscal authorization is not required prior to allowing the deduction.

NOTE: The amount of the cash option expense anticipated to be incurred after all recurring monthly medical expenses are averaged continues as long as the household anticipates paying the expense.

BUDGETING THE EXPENSE

Households reporting **one-time** only medical expenses may choose to:

1. Have a one-time expense; or,
2. Average the expense over the remaining months until recertification.

NOTE: Households certified for 24 months and report a one time medical expense during the first 12 months have the following options:

- a. deducting the expense for one month;
- b. averaging it over the remainder of the first 12 months of the certification period; or,
- c. averaging the expense over the remaining months in the certification period.

Households certified for 24 months and report a one-time expense after the 12th month of the certification period have the following options:

- a. deducting the expense for one month; or,
- b. averaging it over the remaining months in the certification period.

Recurring monthly medical expenses are **averaged** when the household anticipates the expenses to continue monthly. Prescriptions and Medicaid co-payments are examples of recurring medical expenses. Each

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

prescription and co-pay must be evaluated to determine if it recurs monthly to be allowed as a monthly recurring medical expense.

Non-monthly recurring expenses can be averaged over the period of intended use or allowed when the bill becomes due.

1. A prescription for a three-month supply of medication can be averaged over three months or used once every three months.
2. An annual health insurance premium can be averaged over 12 months or allowed once annually.

NOTE: It is not an option to average expenses for the number of months until the next recertification.

If the household has an **installment payment agreement** with a provider, the specific agreed upon monthly payment is allowed even if a payment is not being made during the period of the agreement. Once the period of agreement is past, any unpaid amount is a past due expense and is not allowable. If the installment agreement is renegotiated with a collection agency, only the terms negotiated with the provider are allowed. The payment agreement does not have to be a formal contract. A mutually recognized verbal or written agreement with the provider and the household is sufficient (e.g., \$25 monthly payments until paid in full).

TEAMS CODING

All medical expense codes are processed the same way by TEAMS. The OPA Case Manager must enter a 'D' code in the 'Disabled Indicator' field on the FS SEPA screen for each disabled household member coded 'IN' on FS SEPA to receive the medical deduction. TEAMS reads the date of birth on SSDO and allows the medical deduction coded against an elderly member. The medical deduction for an elderly individual begins the month of the individual's 60th birthday.

ME Medical Expense

► MC Medicare Premium Part B (TEAMS requires a Medicare # on the EPME screen before this code is valid)

NOTE: The 'MC' code should only be used for Part B.

MD Medical Expense Deceased

BD Blindness Expense Deduction

HI Health Insurance

FX Elderly or disabled individual who is no longer in the household

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

Allowable Medical Expenses

Medical Bill	Allowable for FS Expense
Past due obligations	No
Special diets	No, items that can be purchased with food stamps cannot be allowed as a medical expense. There is no exception for tube feeding.
Dental and medical care including psychotherapy and rehabilitation services.	Yes, if provided by a licensed practitioner authorized by State Law or other qualified health professional.
Costs reimbursable or paid by a third party.	No, Medicaid paid travel and premiums paid by THPL are reimbursements.
Prescriptions, over-the-counter drugs, medical supplies, sick room equipment (including rental) or other equipment.	Yes, each must be prescribed by a licensed practitioner.
Postage for mail-prescription drugs.	Yes
Medicare premiums	Yes, unless paid by a third party (QMB or SLMB). The month after QMB approval the Medicare premium expense cannot be given. The month of SLMB approval the expense is not allowed.
Health, hospitalization, and ambulance insurance policy premiums.	Yes, only the portion of the premium assigned to the elderly or disabled household member. If the policy does not state the amount of the premium for each insured individual, the premium is prorated among the insured household members. Only the prorated amount for the eligible member is considered a deduction.
Dentures, hearing aids and prosthetics.	Yes
Costs of attendant, homemaker, home health aide, child care or housekeeper services necessary because of age, infirmity or illness.	Yes, if the service is provided by someone outside the food stamp household. If the household provides the majority of the attendant's meals, deduct an amount equal to the one-person coupon allotment. If the attendant care costs qualify under the medical and dependent care deduction, allow as a medical deduction.
Medicaid co-payments	Yes, generally the best estimate for co-payments is to anticipate for initial months and average for ongoing eligibility.
Cancer or other specialized insurance policy costs.	Yes, if the policy itself states the monies are intended to be used to cover medical expenses. If the policy pays personal debt (car loan, mortgage etc.), the premium is not an allowable expense.

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

Medical Bill	Allowable for FS Expense
Prescription for home meal delivery service.	No, generally payable with food stamps.
Loan payments for medical debt.	Yes, including medical expenses charged to a credit card. The interest or late fees are not allowed as part of the deduction.
Prescription to buy exercise equipment or get exercise at a health club.	No, club membership or purchase of equipment is not allowed. The services of a medical provider such as a physical therapist would be allowed.
Acupuncture	Yes
Chiropractor	Yes
Reasonable costs of transportation and lodging to obtain medical treatment or services; including, the cost of a trip to a pharmacy or other location to fill a prescription for medicine, dentures, a hearing aid, eye glasses, etc.	Yes, all costs must be verified and <u>not exceed</u> current lodging reimbursement rates for state employees and Medicaid travel costs for transportation. Meals are not an allowable expense. Reminder: expenses being reimbursed are not allowed as a deduction. If Medicaid travel will reimburse the expense, it cannot be allowed for FS.
Prescription eye glasses or contacts	Yes, if prescribed by an ophthalmologist or by an optometrist.
Securing and maintaining 'service animals' such as seeing eye dogs, hearing guide dogs and monkeys specially trained to provide a service to the disabled.	Yes, in addition to the initial purchase of the animal, animal food and veterinary bills are also allowed as a deduction.
Hospitalization or outpatient treatment, nursing care, and nursing home care.	Yes, including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home. Only medical costs are allowed. The cost of room and board is not allowed.
Current cash option payments made to meet an incurment obligation of Medicaid recipients	Yes, if the household anticipates paying the cash option.
Medic Alert System, Life Line or other home monitoring system.	Yes, as follows: The basic fee for the telephone is a utility expense; and, The additional expense for the medic alert system is an allowable medical expense.

Section: ELIGIBILITY & BENEFIT
DETERMINATION

Subject: Deductions (Medical)

Medical Bill	Allowable for FS Expense
Fee for membership in a mail-order prescription drug company.	No. The fee is not insurance and the fee does not actually pay for the drugs, treatment, or other specified medical expenses.